



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

WELL PLUGGING REPORT (Authorized by K.S.A. 65-171d)

Company Name:	Type of Well:
Company Address:	Well No:
	Permit No:
Contact Person:	Location: S , T S, R E/W
Phone:	County:
1. Surface pipe seat depth: Size: Cemented Interval: to Production casing seat depth: Size: Cemented Interval: to Total depth of well:	
2. Reason for abandonment and plugging:	
3. Has all of the tubing been removed from the well from the base of the production casing to the surface? If not, give explanation and indicate to what depth the production casing is clear of tubing and other obstructions.	

4. Describe plugging procedure:**5. Plugging contractor:****Plugging supervisor:****Date plugging commenced:****Date plugging completed:****6. A copy of the service company cementing report for this well plugging must be attached to this plugging report.****CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. K.A.R. 28-46-22 requires this certification and that this report be signed by an executive officer of a level of at least Vice-President or other authorized signatory as described at the Code of Federal Regulations 40 CFR 144.32 in effect on April 1, 1993.

Title of Authorized Signatory_____
Company_____
Printed Name of Authorized Signatory_____
Signature of Authorized Signatory_____
Date